

**Recipient Committee
Campaign Statement
Cover Page**

(Government Code Sections 84200-84216.5)

Type or print in ink.

CALIFORNIA 460	
2001/02 FORM	
Date Stamp	Page <u>1</u> of <u>11</u>
SEE INSTRUCTIONS ON REVERSE	

Statement covers period from <u>07/01/02</u>	Date of election if applicable: (Month, Day, Year) <u>11/05/02</u>
through <u>09/30/02</u>	CITY OF SANTA MARIA <u>City Clerk</u>

1. Type of Recipient Committee: All Committees – Complete Parts 1, 2, 3, and 4.

- Officeholder/Candidate Controlled Committee Ballot Measure Committee
- State Candidate Election Committee Primarily Formed
- Recall Controlled
- (Also Complete Part 5) Sponsored
- General Purpose Committee Primary Formed Candidate/
Officeholder Committee
(Also Complete Part 6)
- Sponsored Small Contributor Committee
- Political Party/Central Committee (Also Complete Part 7)

3. Committee Information

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)

Alice Patino for City Council

STREET ADDRESS (NO P.O. BOX)
2450 Professional Pkwy., Suite 220

CITY Santa Maria STATE CA ZIP CODE 93455 AREA CODE/PHONE 805-346-8407
MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX

CITY _____ STATE _____ ZIP CODE _____ AREA CODE/PHONE _____
OPTIONAL: FAX / E-MAIL ADDRESS _____

4. Verification

I have used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge the information contained herein and in the attached schedules is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on Oct 7, 2002
Date October 7, 2002

Executed on _____ Date _____
Executed on _____ Date _____
Executed on _____ Date _____
Executed on _____ Date _____

Treasurer(s)
NAME OF TREASURER
Tom Martinez
MAILING ADDRESS
2450 Professional Pkwy., Suite 220

CITY Santa Maria STATE CA ZIP CODE 93455 AREA CODE/PHONE 805-346-8407
MAILING ADDRESS

CITY _____ STATE _____ ZIP CODE _____ AREA CODE/PHONE _____
OPTIONAL: FAX / E-MAIL ADDRESS _____

Signature of Controlling Officerholder, Candidate, State Measure Proponent

Signature of Controlling Officerholder, Candidate, State Measure Proponent

Recipient Committee
Campaign Statement
Cover Page—Part 2

Type or print in ink.

COVER PAGE - PART 2

CALIFORNIA FORM 460

Page 2 of 11

Attach continuation sheets if necessary

**Campaign Disclosure Statement
Summary Page**

Type or print in ink.
Amounts may be rounded
to whole dollars.

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Alice Latino for City Council

CALIFORNIA FORM	
460	
Statement covers period from <u>07/01/02</u>	through <u>09/30/02</u>
Page <u>3</u> of <u>11</u>	

I.D. NUMBER <u>12227669</u>

Contributions Received

Column A
TOTAL THIS PERIOD
(FROM ATTACHED SCHEDULES)

Schedule A, Line 3	\$ <u>6709.00</u>	Column B CALENDAR YEAR TOTAL TO DATE <u>7734.00</u>
Schedule B, Line 3	\$ <u>0.00</u>	0.00
Add Lines 1 + 2	\$ <u>6709.00</u>	<u>7734.00</u>
Schedule C, Line 3	\$ <u>0.00</u>	0.00
Add Lines 3 + 4	\$ <u>6709.00</u>	<u>7734.00</u>

Expenditures Made

Schedule E, Line 4	\$ <u>2641.92</u>	3252.49
Schedule H, Line 3	\$ <u>0.00</u>	0.00
Add Lines 6 + 7	\$ <u>2641.92</u>	<u>3252.49</u>
Schedule F, Line 3	\$ <u>0.00</u>	0.00
Schedule C, Line 3	\$ <u>0.00</u>	0.00
Add Lines 8 + 9 + 10	\$ <u>2641.92</u>	<u>3252.49</u>

Current Cash Statement

12. Beginning Cash Balance	Previous Summary Page, Line 16	\$ <u>1671.57</u>	To calculate Column B, add amounts in Column A to the corresponding amounts from Column B of your last report. Some amounts in Column A may be negative figures that should be subtracted from previous period amounts. If this is the first report being filed for this calendar year, only carry over the amounts from Lines 2, 7, and 9 (if any).
13. Cash Receipts	Column A, Line 3 above	\$ <u>6709.00</u>	
14. Miscellaneous Increases to Cash	Schedule I, Line 4	<u>1.93</u>	
15. Cash Payments	Column A, Line 8 above	<u>2641.92</u>	
16. ENDING CASH BALANCE	Add Lines 12 + 13 + 14, then subtract Line 15	\$ <u>5740.58</u>	

If this is a termination statement, Line 16 must be zero.

17. LOAN GUARANTEES RECEIVED	Schedule B, Part 2	\$ <u>0.00</u>
Cash Equivalents and Outstanding Debts	See Instructions on reverse	\$ 0.00
18. Cash Equivalents		\$ <u>0.00</u>

*Since January 1, 2001. Amounts in this section may be different from amounts reported in Column B.

Schedule A
Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

CALIFORNIA FORM 460	
Statement covers period from <u>07/01/02</u>	through <u>09/30/02</u>
Page <u>4</u>	of <u>11</u>

SEE INSTRUCTIONS ON REVERSE

Alice Patino for City Council

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER ID NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
07/01/02	Edward J. Murray P.O. Box 6780 Santa Maria, CA 93456	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Investment broker Morgan Stanley	100.00	100.00	G02 100.00
07/03/02	Betty Dowling 1106 Via Mavis Santa Maria, CA 93455	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	100.00	100.00	G02 100.00
07/03/02	L.F. Ludwig 2386 Glacier Ln. Santa Maria, CA 93455	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	100.00	100.00	G02 100.00
07/03/02	Laguna Village Shopping Center P.O. Box 3418 San Luis Obispo, CA 93403	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		250.00	250.00	G02 250.00
07/03/02	Linda Williams 525 Calle Cuervo Arroyo Grande, CA 93420	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	100.00	100.00	G02 100.00
				SUBTOTAL \$	650.00	

Schedule A Summary

- Amount received this period – contributions of \$100 or more.
(Include all Schedule A subtotals.)\$ 5750.00
- Amount received this period – unitemized contributions of less than \$100\$ 959.00
- Total monetary contributions received this period.
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.)**TOTAL \$ 6709.00**

*Contributor Codes
IND – Individual
COM – Recipient Committee
(other than PTY or SCC)
OTH – Other
PTY – Political Party
SCC – Small Contributor Committee

Schedule A (Continuation Sheet)
Monetary Contributions Received

Type or print in ink.
 Amounts may be rounded
 to whole dollars.

NAME OF FILER		STATEMENT COVERS PERIOD		CALIFORNIA FORM	
		from 07/01/02	through 09/30/02	Page 5	of 11
				I.D. NUMBER 1227669	
Alice Patino for City Council					

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
07/12/02	Betty Suits Tibbs, M.D. 345 W. Waller Ave. Santa Maria, CA 93455	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		100.00	100.00	G02 100.00
07/12/02	James D. Glines 1435 Genoa Way Santa Maria, CA 93455	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Banker Community Bank of SM	100.00	100.00	G02 100.00
07/12/02	Joni Gray 853 Via Esmerelda Santa Maria, CA 93455	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	County Supervisor Santa Barbara County	100.00	100.00	G02 100.00
07/12/02	Kathryn C. Williams 731 E. Church St. Santa Maria, CA 93454	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Realtor Kathryn Williams Realty	100.00	100.00	G02 100.00
07/12/02	Samuel N. Blakeslee 1163 Pismo St. San Luis Obispo, CA 93401	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Financial planner Blakeslee & Blakeslee	250.00	250.00	G02 250.00
				SUBTOTAL \$	650.00	

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 (other than PTY or SCC)
 OTH - Other
 PTY - Political Party
 SCC - Small Contributor Committee

Schedule A (Continuation Sheet)
Monetary Contributions Received

Type or print in ink.
 Amounts may be rounded
 to whole dollars.

SCHEDULE A (CONT.)
CALIFORNIA 460
 FORM

NAME OF FILER	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
Alice Patino for City Council				400.00	400.00	G02 400.00

DATE RECEIVED	07/12/02	Sempra Energy 101 Ash St. San Diego, CA 92101	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		400.00	400.00
07/12/02	Joe Centeno for Supervisor (#1238073) 403 St. Andrews Way Santa Maria, CA 93455		<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		500.00	500.00
07/12/02	Steve Will 2849 Lorencita Dr. Santa Maria, CA 93455		<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Owner Union Asphalt, Inc.	500.00	500.00
07/22/02	Union Asphalt, Inc. P.O. Box 1280 Santa Maria, CA 93456		<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		500.00	500.00
07/24/02	Foxenwood Builders & Developers 1136 W. McCoy Ln. Santa Maria, CA 93455		<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		500.00	500.00
					SUBTOTAL \$	2400.00

*Contributor Codes
 IND - Individual
 COM - Recipient Committee
 (other than PTY or SCC)
 OTH - Other
 PTY - Political Party
 SCC - Small Contributor Committee

Schedule A (Continuation Sheet)
Monetary Contributions Received

Type or print in ink.
 Amounts may be rounded
 to whole dollars.

SCHEDULE A (CONT.)	
CALIFORNIA 460 FORM	
Statement covers period from <u>07/01/02</u>	through <u>09/30/02</u>
Page <u>7</u>	of <u>11</u>
I.D. NUMBER <u>1227669</u>	

NAME OF FILER	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER ID. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
Alice Patino for City Council						
DATE RECEIVED		CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
07/29/02	R.H. Tesene P.O. Box 727 Santa Maria, CA 93456	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	100.00	100.00	G02 100.00
08/12/02	Eloy Renfrow 1035 E. Battles Rd. Santa Maria, CA 93454	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Owner Santa Maria Ford	250.00	250.00	G02 250.00
08/19/02	Maretti & Minetti Ranch Co. P.O. Box 939 Guadalupe, CA 93434	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		200.00	200.00	G02 200.00
09/12/02	Olivera Investment Co. P.O. Box 1947 Santa Maria, CA 93456	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		250.00	250.00	G02 250.00
09/26/02	Carl W. Engel, Jr. 415 Wisteria Dr. Santa Maria, CA 93455	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Owner Engel & Gray, Inc.	250.00	250.00	G02 250.00
				SUBTOTAL \$	1050.00	

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 IND - Individual
 COM - Recipient Committee
 (other than PTY or SCC)
 OTH - Other
 PTY - Political Party
 SCC - Small Contributor Committee

**Schedule A (Continuation Sheet)
Monetary Contributions Received**

Type or print in ink.
Amounts may be rounded
to whole dollars.

Monetary Contributions Received		Statement covers period from <u>07/01/02</u> through <u>09/30/02</u>		CALIFORNIA FORM 460	
NAME OF FILER				I.D. NUMBER <u>1227669</u>	Page <u>8</u> of <u>11</u>
Alice Patino for City Council				PER ELECTION TO DATE (IF REQUIRED)	
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	
09/26/02	Santa Maria Fire Fighters PAC (#8891939) 110 E. Cook St. Santa Maria, CA 93454	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		400.00	400.00
09/26/02	Stowasser Pontiac-Buick-GMC P.O. Box 1866 Santa Maria, CA 93456	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input checked="" type="checkbox"/> PTY <input type="checkbox"/> SCC		100.00	100.00
09/30/02	Royce R. Lewellen 5745 Oakhill Dr. Santa Maria, CA 93455	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	500.00	500.00
		<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC			
		<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC			
SUBTOTAL \$ <u>1000.00</u>					

*Contributor Codes
IND – Individual
COM – Recipient Committee
(other than PTY or SCC)
OTH – Other
PTY – Political Party
SCC – Small Contributor Committee

Schedule E Payments Made

Type or print in ink.
Amounts may be rounded
to whole dollars.

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Alice Patino for City Council

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP	campaign paraphernalia/misc.	MGR	member communications
CNS	campaign consultants	MTC	meetings and appearances
CTB	contribution (explain nonmonetary)*	OFC	office expenses
CVC	civic donations	PET	petition circulating
FIL	candidate filing/ballot fees	PHO	phone banks
FND	fundraising events	POL	polling and survey research
IND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services
LEG	legal defense	PRO	professional services (legal, accounting)
LIT	campaign literature and mailings	PRT	print ads

STATEMENT COVERS PERIOD		CALIFORNIA FORM 460	
FROM	THROUGH	Page	of
07/01/02	09/30/02	9	11
		I.D. NUMBER	
		1227669	

NAME AND ADDRESS OF PAYEE (If Committee, also enter I.D. number)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Santa Maria City Clerk 110 E. Cook St. Santa Maria, CA 93454	FIL		1600.00
Benedetti & Assoc. CPA, Inc. 2151 S. College Dr., Suite 101 Santa Maria, CA 93455	PRO		108.50
Hancock College Boosters, Inc. Joe White Memorial Fund P.O. Box 1238 Nipomo, CA 93444	CVC		150.00
			SUBTOTAL \$ 1858.50

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

Schedule E Summary

1. Payments made this period of \$100 or more. (Include all Schedule E subtotals.)
2. Unitemized payments made this period of under \$100
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).)
4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.)

\$ 2498.47
\$ 143.45
\$ 0.00
\$ 2641.92

**Schedule E
(Continuation Sheet)
Payments Made**

Type or print in ink.
Amounts may be rounded
to whole dollars.

STATEMENT OF EARNINGS		SCHEDULE E (CONT.)	
CALIFORNIA FORM 460		Page <u>10</u> of <u>11</u>	
Statement covers period			
from <u>07/01/02</u>			
through <u>09/30/02</u>			
		I.D. NUMBER	<u>1227669</u>

Payments that are contributions or independent expenditures must also be summarized on Schedule D.

FPPC Form 460 (June/01)
FPPC Toll-Free Helpline: 866/ASK-FPPC

Schedule I
Miscellaneous Increases to Cash

Type or print in ink.
Amounts may be rounded
to whole dollars.

Attach additional information on appropriately labeled continuation sheets.

Schedule | Summary

- | | | |
|---|-----------------------|------|
| 1. Increases to cash of \$100 or more this period | \$ | 0.00 |
| 2. Unitemized increases to cash under \$100 this period | \$ | 1.93 |
| 3. Total of all interest received this period on loans made to others. (Schedule H, Column (e).) | \$ | 0.00 |
| 4. Total miscellaneous increases to cash this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Line 14.) | TOTAL \$ | 1.93 |